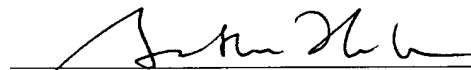




CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 21, 2004.


Guenther O. Hanke, Reg. No. 32,989

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/890,778
Applicant : Thorsten SIESS, et al.
Filed : January 24, 2002
Art Unit : 3731
Examiner : Jessica R. Baxter

Docket No.: : IMPEL.57972
Customer No. : 27629

Mail Stop: Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
APR 29 2004
TECHNOLOGY CENTER

AMENDMENT

Dear Sir:

In response to the Office Action of 2/17/04, entry of the following amendments and consideration of the remarks is respectfully requested.

Claims start on page 2.

Remarks start on page 4.

81 67 AF 3731

AMENDMENT TRANSMITTAL LETTER (Small Entity)

Applicant(s): Thorsten SIESS, et al.

APR 26 2004

Docket No.

IMPEL.57972

Serial No.

09/890,778

Filing Date

January 24, 2002

Examiner

Jessica R. Baxter

Group Art Unit

3731

Invention: A DEVICE FOR INTRAVASCULAR CARDIAC VALVE SURGERY

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application.

☒ Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.

☐ A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7 -	20 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	1 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

☒ No additional fee is required for amendment.

☐ Please charge Deposit Account No. _____ in the amount of _____

☐ A check in the amount of _____ to cover the filing fee is enclosed.

☒ The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. _____

☒ Any additional filing fees required under 37 C.F.R. 1.16.

☐ Any patent application processing fees under 37 CFR 1.17.

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Dated: April 21, 2004


Signature

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Gunther O. Hanke

Typed or Printed Name of Person Mailing Correspondence

cc: